

Client Bill of Rights and Responsibilities

PLEASE READ AND SIGN BELOW

Client Bill of Rights and Responsibilities regarding therapy services with Brandywine Valley Counseling and Neurofeedback Center.

We want to encourage you, as a client of Brandywine Valley Counseling and Neurofeedback Center, to speak openly with your treatment provider, take part in your assessment and treatment choices, and promote your own safety and well-being by being well informed and involved in your therapy sessions.

You are encouraged to think of yourself as a partner in your care, and therefore to know your rights as well as your responsibilities as a client receiving services.

Client Rights:

- You have the right to receive considerate, respectful and compassionate services in a safe setting, free from all forms of abuse, neglect, or mistreatment, regardless of your age, gender, race, national origin, religion, sexual orientation, gender identity or disabilities. You have the right to inquire about and discuss ethical issues related to your care at all times, and to voice your concerns about the care you receive.
- You have the right to be told by your provider, about your diagnosis and possible prognosis, the benefits and risks of services offered, and the expected outcome of the services you receive. You have the right to give written informed consent before any non-emergency procedure begins, and to understand the costs of assessment and therapy services before you begin.
- You (and your family and friends with your permission) have the right to participate in decisions about offered services, including the right to refuse/withdraw from services.
- You have the right to decide not to receive therapy from us. If you wish, we can provide you with the names of other qualified therapy providers.
- You have the right to have all that you say treated confidentially and be informed of state law placing limitations on confidentiality in the therapy relationship. Under certain circumstances, we are required by law to reveal information obtained during therapy to other persons or agencies without your permission. Also, we are not required to inform you of our actions in this regard. These situations are as follows: (a) If you threaten bodily harm or death to yourself or another person, we are required by law to notify the victim and appropriate law enforcement agencies; (b) If a court of law issues a subpoena; (c) If you have given us information concerning non-accidental injury and neglect to minors or incompetent adults. (d) If you are in the process of filing a workman's compensation claim or file such in the future.

Client Responsibilities

You are expected to:

- Provide complete and accurate information, including your full name, address, home telephone number, date of birth, and employer when it is required.
- Provide complete and accurate information about your health and medical history, including present condition, past illnesses, hospital stays, medicines, vitamins, herbal products, and any other matters that pertain to your health, including perceived safety risks.

- Ask questions when you do not understand information or instructions. If you believe you cannot follow through with your health care plan, you are responsible for telling your provider. You are responsible for outcomes if you do not follow your health care plan, and are potentially subject to discharge from services if you refuse to comply with treatment recommendations. You may appeal this decision or request to re-apply for services at a later date.
- Refrain from physical violence, verbal abuse, carrying weapons, or engaging in illegal acts at the clinic. These actions make you subject to discharge from the clinic. You may appeal this decision or request to re-apply for services at a later date.
- Provide complete and accurate information about your finances and to pay your fees in accordance with the arrangement you pre-established with Brandywine Valley Counseling and Neurofeedback Center. Non-payment makes you subject to discharge from the clinic. You may appeal this decision or request to re-apply for services at a later date.
- Set and keep appointments with your provider, and be on time for your appointments. Appointments cancelled without at least 24-hour notice are charged at the billed rate. Not attending scheduled appointments makes you subject to discharge from the clinic. You may appeal this decision or request to re-apply for services at a later date.
- Help plan your health care goals, and keep your therapy provider informed of your progress toward meeting your goals.
- Inform your therapy provider of any problems you have which may have an effect on your progress or which may be potentially harmful to yourself or others.
- Notify Brandywine Valley Counseling and Neurofeedback Center if you intend to discontinue treatment.

I have read and understand my rights.

Signed: _____ Date: _____

Print name: _____

Client name (if different from above): _____